- 6 Cleland JG, Cohen-Solal A, Aguilar JC, et al. Management of heart failure in primary care (the IMPROVEMENT of heart failure programme): an international survey. Lancet 2002;360:1631-9.
- Fonarow GC. Strategies to improve the use of evidence-based heart failure therapies: OPTIMIZE-HF. Rev Cardiovasc Med 2004;5(suppl 1):S45-54.
- 8 Komajda M, Follath F, Swedberg K, et al. The EuroHeart failure survey programme: a survey on the quality of care among patients with heart failure in Europe. Part 2. Treatment. Eur Heart J 2003;24:464–74.
- 9 **Mahmoudi M**, McDonagh S, Poole-Wilson P, *et al*. Obstacles to the initiation of beta blockers for heart failure in a specialised clinic within a district general hospital. Heart 2003;89:442-4.
- 10 Butler J, Khadim G, Belue R, et al. Tolerability to beta-blocker therapy among heart failure patients in clinical practice. J Card Fail 2003;9:203-9
- Butler J, Arbogast PG, BeLue R, et al. Outpatient adherence to beta-blocker therapy after acute myocardial infarction. J Am Coll Cardiol 2002;**40**:1589–95.
- Packer M, Bristow MR, Cohn JN, et al. The effect of carvedilol on morbidity and mortality in patients with chronic heart failure. U.S. Carvedilol Heart Failure Study Group. N Engl J Med 1996;334:1349-55.
- 13 Poole-Wilson PA, Swedberg K, Cleland JG, et al. Comparison of carvedilol and metoprolol on clinical outcomes in patients with chronic heart failure in the carvedilol or metoprolol European trial (COMET): randomised controlled trial. Lancet 2003;362:7–13.
- 14 NICE. Chronic heart failure: management of chronic heart failure in adults in primary and secondary care, Clinical guideline 5. London: National Institute for Clinical Excellence, 2003.
- 15 Morris JA, Gardner MJ. Calculating confidence intervals for relative risks (odds ratios) and standardised ratios and rates. BMJ (Clin Res Ed) 1988;**296**:1313-6
- Rigby AS. Statistical methods in epidemiology. III. The odds ratio as an approximation to the relative risk. Disabil Rehabil 1999;21:145-51.
  Francis B, Green M, Payne C, eds. The GLIM system: release 4 manual.
- Oxford: Oxford University Press, 1994.
- 18 Anon. Chronic obstructive pulmonary disease: national clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care. *Thorax* 2004;**59**(suppl 1):1–232.
- Anon. Spirometry in practice: a practical guide to using spirometry in primary care. London: British Thoracic Society COPD Consortium, 2000.
  Bristow MR, Gilbert EM, Abraham WT, et al. Carvedilol produces dose-
- related improvements in left ventricular function and survival in subjects with chronic heart failure. MOCHA Investigators. Circulation 1996;94:2807-16.
- Gottlieb SS, Fisher ML, Kjekshus J, et al. Tolerability of beta-blocker initiation and titration in the metoprolol CR/XL randomized intervention trial in ongestive heart failure (MERIT-HF). Circulation 2002;105:1182–8.
- 22 Ko DT, Hebert PR, Coffey CS, et al. Adverse effects of beta-blocker therapy for patients with heart failure: a quantitative overview of randomized trials. Arch Intern Med 2004;164:1389-94.

- 23 Gupta R, Tang WH, Young JB. Patterns of beta-blocker utilization in patients with chronic heart failure: experience from a specialized outpatient heart failure clinic. Am Heart J 2004;147:79-83.
- 24 Havranek EP, Masoudi FA, Westfall KA, et al. Spectrum of heart failure in older patients: results from the national heart failure project. Am Heart J 2002;143:412-7
- 25 Senni M, Tribouilloy CM, Rodeheffer RJ, et al. Congestive heart failure in the community: a study of all incident cases in Olmsted County, Minnesota, in 1991. Circulation 1998;**98**:2282–9.
- 26 Sirak TE, Jelic S, Le Jemtel TH. Therapeutic update: non-selective beta- and alpha-adrenergic blockade in patients with coexistent chronic obstructive pulmonary disease and chronic heart failure. J Am Coll Cardiol 2004:44:497-502.
- 27 Kotlyar E, Keogh AM, Macdonald PS, et al. Tolerability of carvedilol in patients with heart failure and concomitant chronic obstructive pulmonary disease or asthma. J Heart Lung Transplant 2002;21:1290-5
- 28 George RB, Manocha K, Burford JG, et al. Effects of labetalol in hypertensive patients with chronic obstructive pulmonary disease. Chest 1983;83:457-60.
- 29 Fogari R, Zoppi A, Tettamanti F, et al. Comparative effects of celiprolol, propranolol, exprenolol, and atenolol on respiratory function in hypertensive patients with chronic obstructive lung disease. *Cardiovasc Drugs Ther* . 1990;**4**:1145–9.
- 30 Fenster PE, Hasan FM, Abraham T, et al. Effect of metoprolol on cardiac and pulmonary function in chronic obstructive pulmonary disease. Clin Cardiol 1983·**6**·125–9
- Salpeter SS, Ormiston T, Salpeter E, et al. Cardioselective beta-blockers for chronic obstructive pulmonary disease. Cochrane Database Syst Rev 2002;(2):CD003566.
- 32 Krum H, Ninio D, MacDonald P. Baseline predictors of tolerability to carvedilol in patients with chronic heart failure. *Heart* 2000;84:615–9.
- 33 Sackner-Bernstein JD. Practical guidelines to optimize effectiveness of betablockade in patients postinfarction and in those with chronic heart failure. Am J Cardiol 2004;**93**:69B–73B.
- 34 Ansari M, Shlipak MG, Heidenreich PA, et al. Improving guideline adherence: a randomized trial evaluating strategies to increase beta-blocker use in heart failure. Circulation 2003;107:2799-804.
- 35 Gottleib SS, McCarter RJ, Vogel RA. Effect of beta-blockade on mortality among high-risk and low-risk patients after myocardial infarction. N Engl J Med 1998;339:489-97.
- 36 Gattis WA, O'Connor CM, Gallup DS, et al. Predischarge initiation of carvedilol in patients hospitalized for decompensated heart failure: results of the initiation management predischarge: process for assessment of carvedilol therapy in heart failure (IMPACT-HF) trial. J Am Coll Cardiol 2004;43:1534-41
- 37 Packer M, Coats AJ, Fowler MB, et al. Effect of carvedilol on survival in severe chronic heart failure. N Engl J Med 2001;344:1651-8.

## FROM BMJ JOURNALS

## Use of nicotine replacement therapy and the risk of acute myocardial infarction, stroke, and death

R Hubbard, S Lewis, C Smith, C Godfrey, L Smeeth, P Farrington, J Britton

Please visit the Heart website [www.heartinl com] for a link to the full text of this article.

**Objective:** To determine whether nicotine replacement therapy (NRT) is associated with an increased risk of acute myocardial infarction, acute stroke, or death.

Design: Self control case series analysis of data from The Health Improvement Network (THIN) to estimate the relative incidence of myocardial infarction and stroke in four 14 day periods before and after the first prescription for NRT.

**Setting:** THIN is a computerised general practice database.

**Subjects:** Patients contributing data to THIN. **Interventions:** Observational study of NRT.

Main outcomes: Acute myocardial infarction, acute stroke, and death.

Results: 33 247 individuals had been prescribed NRT, of whom 861 had had a myocardial infarction and 506 a stroke. There was a progressive increase in the incidence of first myocardial infarction in the 56 days leading up to the first NRT prescription (overall incidence ratio 5.55, 95% confidence interval (CI) 4.42 to 6.98), but the incidence fell after this time and was not increased in the 56 days after starting NRT (incidence ratio 1.27, 95% CI 0.82 to 1.97). The results were similar for second myocardial infarction and stroke, and for subgroups of people with pre-existing angina and hypertension. There were 960 deaths in our cohort during a mean follow up period of 2.6 years after starting NRT, with no evidence of an increased mortality in the 56 days after the NRT prescription (incidence ratio 0.86, 95% CI 0.60 to 1.23).

**Conclusions:** The use of NRT is not associated with any increase in the risk of myocardial infarction, stroke, or death.

▲ Tobacco Control 2005;14:416-421.